

We welcome you to  
Carl R. Darnall  
Army Medical Center.



Carl R. Darnall Army Medical Center  
Public Affairs & Marketing Office  
[www.crdamc.amedd.army.mil](http://www.crdamc.amedd.army.mil)

CRDAMC HO 793  
October 2010

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**ADMISSIONS  
INFORMATION**

# Advance Medical Directives

*When you or your loved one needs medical care, you want the most appropriate and best care available. To achieve this, certain decisions may need to be made involving the kind of care given. As a patient in a Texas hospital, you have certain legal rights concerning your medical treatment. There are three documents available in Texas to record this information, of which you should be aware.*

*This brochure is designed to help you understand your rights as they relate to advising your health care providers as to your treatment wishes. After reading this brochure, if you have questions, need further information or wish to execute an advance directive, please contact your physician or nurse.*

## Participation in the Decision Process

Every adult of sound mind has the right to decide what may be done to his or her body in the course of medical treatment. You have the right to accept or decline a proposed course of treatment. Your physician will discuss with you the risks associated with your treatment decision.

## Directive to Physician

Texas laws allows you to make a written medical directive to your physicians know as a "Directive to Physicians." This is a legal written document outlining your specific wishes concerning your medical care. It is also known as an Advanced Directive or, in some states, a Living Will. It is designed to allow you to make your wishes concerning medical treatment known before you actually need such care.

## Written Directives

You may sign a Directive to Physicians concerning your care if:

- You are at least 18 years old;
- Of sound mind, and
- Acting on your own free will in the presence of two qualified witness.

The directive instructs your physicians not to use artificial methods to prolong the process of dying if you are terminally ill. The directive does not become effective until you are diagnosed and certified in writing to have a terminal condition. If you sign a directive, talk it over with your physician and ensure that the directive is included in your medical record.

## Oral Directives

You may make an oral directive if you are diagnosed with a terminal condition and are unable to sign a written directive.

## Out-of-Hospital Do Not Resuscitate Order

As a patient in Texas, you may also obtain a Texas Department of Health (TDH) Out-of-Hospital Do Not Resuscitate Order (OOH DNR).

A TDH OOH DNR allows you to decide, if you are to be resuscitated in the event you stop breathing or your heart stops beating in an out-of-hospital setting, (any setting outside of a licensed acute care hospital in-patient room) in which health care professionals are on call for assistance.

A TDH OOH DNR allows you to declare the resuscitative measures that are not to be used, including but not limited to, cardiopulmonary resuscitation (CPR), advanced airway management, defibrillation, artificial ventilation, and transcutaneous cardiac pacing.

At CRDAMC, OOH DNR orders must be evidenced by an approved written document that has been properly completed or by the wearing of a DNR identification device around the neck or wrist.

For more information and instructions on how to obtain identification devices please visit: <http://www.dshs.state.tx.us/emstraumasystems/dnrinter.shtm>

## Directive by Guardian or Family Member

Should you become comatose or otherwise unable to communicate after being diagnosed with a terminal condition, and if you have not issued a written directive, others will make the decision for you. Your attending physician and legal guardian, or certain family members in the absence of a legal guardian, may make decisions concerning withholding or withdrawing life sustaining treatment.





## Durable Power of Attorney for Health Care

Another type of medical directive is known as a Durable Power of Attorney for Health Care. This document, signed by a competent adult, designates someone that the patient selects to be an agent to make health care decisions on the patient's behalf should the patient become unable to make such decisions.

### Agents

Anyone can be your agent other than:

- Your health care provider, including a physician, hospital, or nursing home.
- An employee of your health care providers, unless that person is a relative.
- Your residential care provider (nursing home, hospice, or other licensed residential care home).
- An employee of your residential care provider, unless that person is related to you.

### Authority of Agent

An agent has authority to make health care decisions on your behalf only when your attending physician certifies in writing, based on your physician's reasonable medical judgment, that you lack the capacity to make health care decisions. This certification must be filed in your medical record.

Your agent, unless acting under court authority, cannot make a health care decision if you object, regardless of whether you have the capacity to make the health care decision yourself, or whether a Durable Power of Attorney for Health Care is in effect. An agent who has your Durable Power of Attorney for Health Care has certain duties. For more information and to download a Directive to Physicians, please visit: [www.crdamc.amedd.army.mil/families/dpf.pdf](http://www.crdamc.amedd.army.mil/families/dpf.pdf)

### Agents must make Health Care Decisions:

- After consultation with your attending physician and according to the agent's knowledge of your wishes, to include your religious and moral beliefs.
- If your agent does not know your wishes, health care decisions must be made in accordance with what the agent believes is in your best interest.

Your agent may consent, refuse to consent, or withdraw consent of medical treatment and make decisions about withdrawing or withholding life sustaining treatment. However, your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, abortion, or neglect through omission of care intended to provide comfort.

Your physician must comply with your agent's instruction or allow you to be transferred to another physician.

## Legal Aspects of Advance Directives

Neither the Directive to Physicians, the TDH OOH DNR, nor the Durable Power of Attorney for Health Care needs to be notarized in order to be a legally valid expression of your desires.

Neither this medical center nor your physician may require you to execute an Advance Directive as a condition for admittance or receiving treatment in this or any other hospital.

The fact that you have executed a Directive to Physicians or a Durable Power of Attorney for Health Care should not change any provision in any insurance policy that you may have.

Individuals interested in obtaining such instruments may contact the Patient Administration Division or the Patient Advocate Office at the Carl R. Darnall Army Medical Center located on the first floor of the Medical Center.

**Information is also available from:**

Bldg. 4617 (corner of 72nd & Santa Fe),  
Room 136

287-7901 or 287-3199

### Communicate Your Health Care Choices

If you decide to execute an Advance Medical Directive:

- Keep your original at home.
- Provide copies of your directives to any family member or agent who may be called upon to act for you.
- Ensure a copy is placed in your Outpatient Medical Record.
- Bring a copy to the hospital every time you are admitted.
- Inform the admitting clerk, ward nurse and physician that you have these documents.

### Hospital Policies for Implementing Patient's Rights

Formal policies have been adopted to ensure that your right to make medical treatment decisions will be honored to the extent permitted by law.

This medical center has adopted policies relating to implementation of Directives to Physicians and implementation of treatment decision made by your agent appointed under a Durable Power of Attorney for Health Care. Questions or concerns regarding Advance Medical Directives can be directed to Carl R. Darnall Army Medical Center Patient Administration Division: 254-288-8352



# Third Party Collection & Medical Care Recovery Program



## ***Why we need your Private Insurance Information...***

### **Third Party Collections**

Public Law 101-510 of the U.S. Code allows Carl R. Darnall Army Medical Center to bill your third party insurance company for health care you received at one of our facilities. You will not be billed for health care services.

The money collected will:


- Help meet your policy's deductible and you will not have any out of pocket expenses
- Enhance the quality of care at Darnall
- Allow Darnall to provide you with needed equipment and Health Care staff
- Not effect your policy premiums

### **Medical Care Recovery Program**

If you are involved in an accident of any type and have liability insurance, please provide that information to your health care provider at the time of treatment. Please inform the health care provider if your visit is related to a Worker's Compensation injury. The U.S. Code allows us to collect money from insurance companies for care you receive in our facilities.

Promptly notify the Medical Care Recovery Office, at 288-8624 or 286-7648, of your accident and sign a Release of Information form. All accident-related information must be released through the Medical Care Recovery Office. Carl R. Darnall Army Medical Center will be reimbursed.

### **What is your Responsibility? 3 Simple Steps**

1. Please bring your insurance identification card each time you visit the hospital or clinics.
2. You will be asked to update the information every twelve months or when your coverage changes.
3. All patients will be asked to complete and sign a DD FORM 2569 

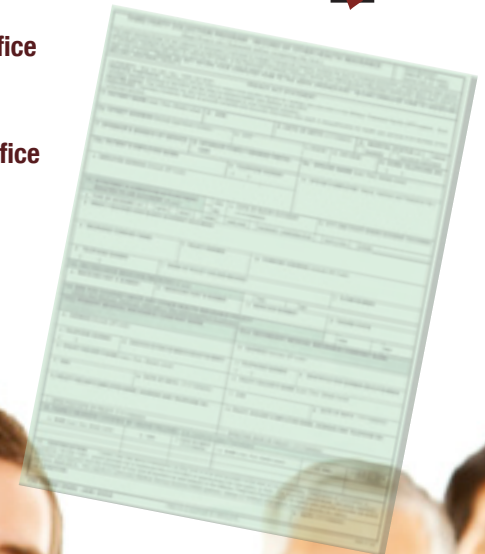
### **Third Party Collections Program Office**

288-8381 or 288-8693

### **Medical Care Recovery Program Office**

288-8624 or 286-7684

FAX: 254-286-7372



#### PL101-510

**Public Law 101-510 (10 U.S. Code 1095)** established the Third Party Collection Program. The program directs military hospitals to bill private insurance companies for the cost of care provided by the military facility. When a patient has commercial insurance, the government must bill the insurance company for outpatient and inpatient care. The government determines the cost of an outpatient clinic visit and bills this amount to the insurance company. The cost for inpatient stays are determined by Diagnosis Related Groups (DRG).

Your insurance company cannot charge you for the deductible or co-payment for care received through the military facility. The government will absorb these costs. Therefore, claims filed by the government for care you received may count toward meeting your deductible. This may result in a significant savings to you if you later seek civilian medical care.

**The Medical Recovery Program** provides the statutory and regulatory authority to recover the reasonable value of medical care rendered for injuries or illnesses provided at Government expense to active duty members, dependents (as defined at 10 U.S. Code 1072), and retirees (as defined at 10 U.S. Code 1074), under circumstances creating third party tort liability.

The Medical Affirmation Claims (MAC) Program (42 U.S. Code 2651-1653 and CFR 43), the Federal Claims Collection Act (31 U.S. Code 3711-3720 A and 4 CFR 101-105), and the Third Party Collection Program (10 U.S. Code 1095 and 32 CFR 220), apply to these claims.

## Thank You...

for answering our questions about your other health insurance.

YOU have enabled us to invest in:



- **Equipment to help our patients**



- **Medication for the Pharmacy**



- **Health Care staff to care for you and your family**

*and much more...*



# Understanding Your Financial Obligations

## Beneficiaries

Usually, beneficiaries do not have to pay for outpatient care at military hospitals. However, there are times when you must pay a reasonable portion of the cost of care. You can expect to pay some costs if you visit Darnall's Emergency Department and are admitted to the hospital or if you are transferred to a civilian hospital for further medical care. Transfers to civilian hospitals are based on medical necessity, not on financial considerations.

## Active Duty Service Members

Active-duty service members do not pay a subsistence fee when admitted to a military hospital. A service member pays nothing if he/she is transferred to a civilian facility and becomes an inpatient.

## Family Members of Active Duty

Family members who go to a civilian emergency department may incur costs that include the annual deductible (fiscal year 1 Oct -30 Sept), the emergency room care, ambulance service, and hospital fees. The following costs apply depending on the TRICARE option you have chosen:

### Deductible

TRICARE Prime – No deductible for Active-duty family members.

### TRICARE Standard or Extra

E-4 and below: \$50 per person or \$100 per family

E-5 and above: \$150 per person or \$300 per family

### Civilian Emergency Room Service Co-payment

TRICARE Extra – 15% of contracted fee

TRICARE Standard – 20% of TRICARE allowable charge

### Hospital Admission for Active-duty Family Member

#### *Military Hospital:*

TRICARE Prime – \$0

TRICARE Extra/Standard – \$16.25 per day

#### *Civilian Hospital (This applies even if Darnall refers you to the civilian hospital.):*

TRICARE Prime – \$0

TRICARE Extra/Standard – \$16.25 per day or \$25 minimum

## Ambulance Service

Darnall's Ambulance Service – no charge, when available and if medically appropriate.

## Civilian ambulance:

TRICARE Prime – \$0

TRICARE Extra – 15% of contracted fee

TRICARE Standard – 20% of TRICARE allowable charge

## Catastrophic Cap

Family members of active duty have a catastrophic cap of \$1,000 per year. This means once you have paid a total of \$1,000 for a fiscal year (1 Oct – 30 Sept), you are not responsible for any more of the TRICARE maximum allowable charges. However, you may still be responsible for additional health care costs. See your Health Benefits Advisor at the TRICARE Service Center.





### Retiree/Retirees Family Members

Retirees and retiree family members under age 65 who go to a civilian emergency department incur costs that include the annual deductible (fiscal year 1 Oct – 30 Sept), the emergency room care, ambulance service, and hospital fees. The following costs apply depending on the TRICARE option you have chosen:

#### Deductible

TRICARE Prime – No deductible (There is an annual enrollment fee)  
TRICARE Extra and Standard – \$150 per person or \$300 per family

#### Emergency Room Care

TRICARE Prime – \$30 co-payment  
TRICARE Extra – 20% of contracted fee  
TRICARE Standard – 25% of TRICARE allowable charge

#### Hospital Admission

##### *Military Hospital*

Retired enlisted – \$0  
Retired officers – \$16.25 per day  
Other beneficiaries – \$16.25 per day

##### *Civilian Hospital (This applies even if Darnall refers you to the hospital.)*

TRICARE Prime – \$11 per day or \$25 minimum  
TRICARE Extra – \$250 per day or 25% of institutional services, plus 20% of professional charges  
TRICARE Standard – \$645 per day or 25% of institutional services, plus 25% of professional charges

### Ambulance Service

Darnall's Ambulance Service – no charge, when available and if medically appropriate

### Civilian Ambulance:

TRICARE Prime – \$20 co-payment  
TRICARE Extra – 20% of contracted fee  
TRICARE Standard – 25% of TRICARE allowable charge

### Catastrophic Cap

Retirees and their family members have a catastrophic cap of \$3,000 per year. This means once you have paid a total of \$3,000 for a fiscal year (1 Oct – 30 Sept), you are not responsible for any more of the TRICARE maximum allowable charges. However, you may still be responsible for additional health care costs. See your Health Benefits Advisor at the TRICARE Service Center.

### Veterans' Administration Eligibility

If you are a VA patient, tell the medical staff immediately. If you must be transferred, the staff may coordinate your transfer to the VA, rather than to a civilian hospital.

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### Civilian Emergencies

Civilians brought to Darnall for emergency care will be personally billed for any service provided by Darnall's Emergency Department (emergency treatment, transport service, or admission). Civilians are responsible for all ambulance service.

### Military Beneficiaries with MEDICARE Coverage

There are no charges for services provided by Darnall's Emergency Department or ambulance service. If you are transferred to a civilian hospital, Medicare is billed for the civilian care. Civilian ambulance services are billed to Medicare. There is no guarantee Darnall's ambulance service will be available when a patient must be transferred.

### Dependent Parents and Parent-in-laws

Dependent parents and parent-in-laws will not incur any charges if seen in the Darnall ED. If admitted, the daily rate of \$16.25 per day will apply. They will be personally billed for any care or service provided by a civilian hospital or ambulance service unless they have other health insurance.

Dollar amounts in this brochure are accurate as of October 2009, and are subject to change each year on October 1.

For more information, contact one of the Business Operations Division's Health Benefits Advisors, 288-8155.



# We Believe...

## Mission

To provide high quality, customer focused, accessible and comprehensive health service in support of other Contingency Operations and the Army Medical Action Plan.

To promote resilience for our Soldiers and their Families, enhancing readiness and deployability.

To conserve the fighting strength through a culture of excellence in our continuum of medical training.

Setting the standard and being accountable to our Nation.



## Vision

We are the face of Army Medicine:  
Quality health care for  
our Army starts here!

Access to world-class care,  
nationally recognized medical training and  
courteous service are  
our core competencies.

We develop 21st century leaders,  
accountable to our Army  
and our beneficiaries.